

Trinidad Office
 412 Benedicta Ave.
 Trinidad, CO 81082
 (719) 846-2213; Fax: (719) 846-4472



17

Walsenburg Office
 119 East Fifth Street
 Walsenburg, CO 81089
 (719) 738-2650; Fax: (719) 738-2653

252-8302 JOE ZOK

**APPLICATION AND PERMIT FOR
 ON-SITE WASTEWATER TREATMENT SYSTEMS**

Mileage: _____
 Zone: _____

Date Paid: 4/03/2013
 Receipt #: 010408

Property Owner David & Cindy Driscoll
 Current Address 4430 CR 121
 Agent _____ Address _____ Phone (731) 412-7025
 Address of Site 4430 CR 121
 Legal Description of Site _____

Size of Property 2000 ACRES Water Supply: Private Well Public _____
 Type of Structure Single Family Dwelling # of Bedrooms 3 Other _____
 Plumbing Fixtures in Structure: Water Closets 4 Lavatories 1 Bathtubs 3
 Showers 3 Sinks 5 Automatic Washers 1 Dishwashers 1
 Other _____ # of Anticipated Users _____

**AN ACCURATE PLOT PLAN AS DESCRIBED ON PAGE 3 MUST ACCOMPANY
 THIS APPLICATION
 THIS PERMIT WILL EXPIRE ONE (1) YEAR FROM DATE OF ISSUE
 REACTIVATION FEE WILL BE \$200.00
 PAYMENT DUE PRIOR TO COMPLETION OF SEPTIC SYSTEM**

Application for an individual sewage disposal system permit is hereby submitted, together with the plans, specification, and the required fee. **All fees are non-refundable and are subject to change.**

- Five hundred twenty-five dollars (\$525) New System
- Two hundred dollars (\$200) Remodeling Permit
- Two hundred dollars (\$200) Existing Septic System (hook-up/search)

The undersigned does hereby agree to comply with all Las Animas-Huerfano Counties District Health Department stipulation, the provisions of Regulation VIII, and all applicable State Laws and Regulations (please read reverse side).

**THE HEALTH DEPARTMENT WILL NOT BE HELD RESPONSIBLE FOR ANY
 SEPTIC SYSTEM FAILURE!!!**

Signature of Owner or Agent *Jonel Ju* Date 4/3/2013

(THIS AREA FOR HEALTH DEPARTMENT USE ONLY)

Percolation Test: Date: 8-12-13 By Whom: Kery Rate: 6 Min/Inch 176
 Soil Profile: Depth to Water Table _____ Depth to Bedrock 528
 Other Terrain Features of Soil Conditions _____ 288
 Installed by: _____ 816
8-29-13 system complete 36 GA STANDARD 40
 Minimum Requirements: 1050 Gal. Septic Tank 30-5'
Left message - 4/12/13 856 Sq. Ft. Leach Lines
KA. _____ Sq. Ft. Leaching Bed

Comments and/or stipulations: Must Maintain all Minimum Distances (See Chart on Reverse Side)

Las Animas-Huerfano Counties District Health Department Denied Approved
 By: *Kery* Date: 8-12-13
 Expiration Date: 8-14

APPLICATION FOR ON-SITE WASTE WATER SYSTEM PERMIT

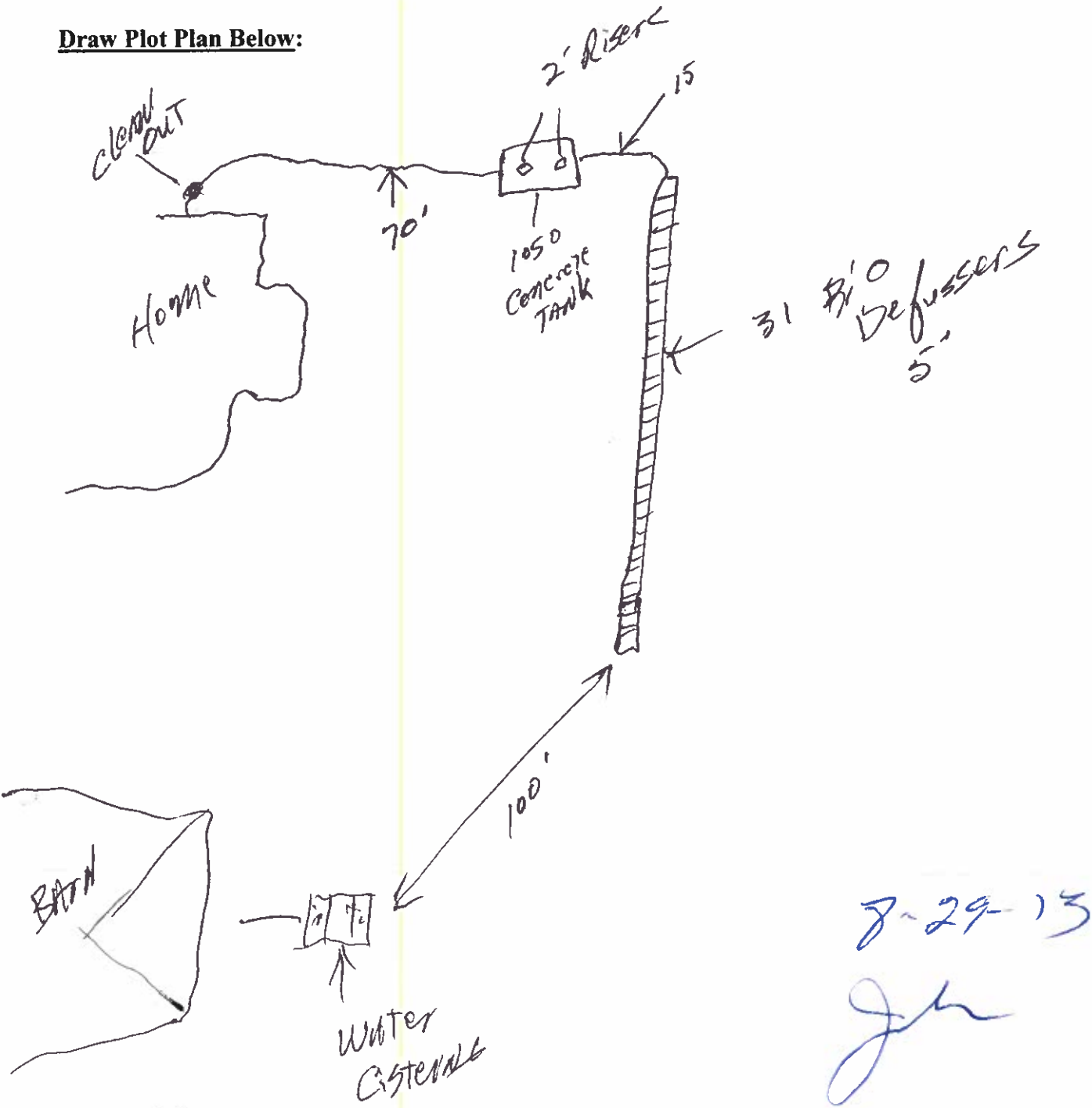
Plot Plan Must Include the Following:

(All locations must be indicated by measured distances)

1. Accurate property dimensions and size of property. (survey preferred)
2. Proposed location of sewage disposal system and alternate area.
3. Location of streams, lakes, ditches and drainage areas on and within 50 feet of property.
4. Location of water supply line to the dwelling and any out buildings.
5. Accurate location of **ALL WELLS** existing or proposed on and within 150 feet of the property.
6. Location of proposed and existing buildings.
7. Type of buildings by use.
8. Such additional information as may be required by the Health Officer.

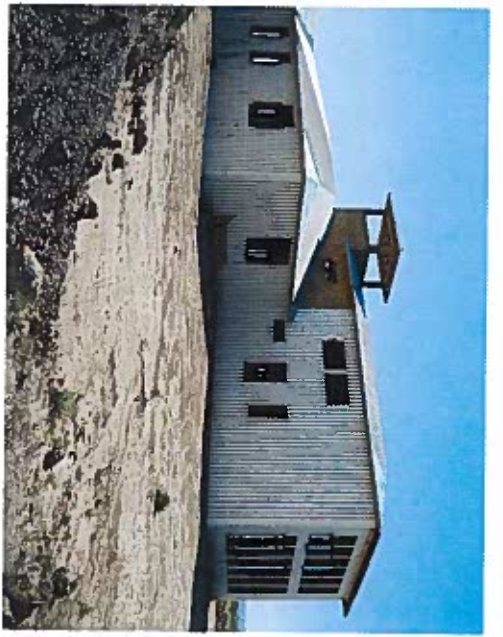
An incomplete plot plan will cause delays in issuance of the permit.

Draw Plot Plan Below:



Revised 05/01/2012

David + Cindy Driscoll 8-29-13





DAVE + Cindy Briscoe